

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

## Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No. K0227635	10. Budget Program Number		Agency Number
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) Social Work Supervisor			
3. Division Kansas City Region		12. Proposed Class Title			
4. Section Prevention and Protection Services	For  Use  By  Personnel  Office	13. Allocation		Position Number	
5. Unit Assessment and Prevention		14. Effective Date			
6. Location (address where employee works) Overland Park Johnson City County		15. By	Approved		
7. (circle appropriate time) Full time X Perm. Inter. Part time Temp. X %		16. Audit Date: By: Date: By:			
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM To: 5:00 PM	17. Audit Date: By: Date: By:				

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

This position supervises social services staff in a family services unit within KC Metro Region. This position will manage resources located within Johnson County to maximize the agency's ability to successfully achieve its mission. This position is responsible for insuring that agency mandates are achieved and that actions are taken to protect children and to prevent the need to remove them from their home.

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
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Tina Abney	Assistance Program Administrator	K0054397
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Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
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Tina Abney	Assistance Program Administrator	K0054397
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20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

**It is expected that the duties of this position will be performed within agency policies, procedures and directives. This position is expected to follow acceptable professional standards. The work of this position will be performed with latitude of independent judgment and action, seeking supervisory consultation when needed.**

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	<p><b>In addition to the tasks below, the incumbent is expected to demonstrate a commitment to customer service and integrated service delivery. The incumbent will participate fully in integrated service team activities and work effectively with all other divisions to provide a harmonious work environment that is conducive to improving agency outcomes, office operations and a productive working relationship with the community.</b></p> <p><b>This position may be required to provide coverage in other service centers within the region and units within the base station.</b></p>
25%	E	1. <b>Supervision and consultation: Provide direct case work supervision and case work consultation to social work and support staff. This is done to provide support for front line staff in providing service to customers served by the agency. This function is accomplished by using knowledge of the theories and practices of social work, agency policy, and procedures.</b>
30%	E	2. <b>Manage Unit resources: ensure that the human and physical resources assigned to the unit are effectively used to meet the needs of the agency and its customers. This function is done by working with unit staff to insure that assignments and duties assigned to the unit are completed within agency policy and procedural guidelines, by monitoring employee performance to ensure appropriate and timely completion of social service assignments, and those assignments are performed within agency guidelines.</b>
15%	E	3. <b>Unit Performance reporting: assist in and carry outcome reporting for the unit. This is done by ongoing evaluation of staff and program performance by timely and accurate completion of program reports and submission of information for reports on regional performance.</b>
20%	E	4. <b>Community Liaisons: acts as liaison between the agency and the community that the unit interfaces with. This is done to assist in coordinating service delivery with other community agencies. This function is achieved by problem solving with other community professionals, providing training in program objectives and methods, maintaining contacts with agencies and taking corrective action when needed.</b>
10%	E	5. <b>Other duties as assigned</b>

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- ( ☒ ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.  
( ☒ ) Plans, staffs, evaluates, and directs work of employees of a work unit.  
( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Title	Position Number
Social Work Specialist	
Social Work Specialist	
Social Work Specialist	
Social Work Specialist	
Social Work Specialist	
Social Work Specialist	
Social Work Specialist	
Human Service Assistant	

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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.  
( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.  
( ) Major program failure, major property loss, or serious injury or incapacitation.  
(X ) Loss of life, disruption of operations of a major agency.

Please give examples.

**Errors or inaction could result in any of the following:**

- 1) Loss of life or serious injury.**
- 2) Disruption of essential working relationships with other community agencies.**
- 3) Timeliness and quality of agency services may be jeopardized.**

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

This employee will have daily contact with children and families who are referred and or reported to the agency for services and will have frequent contact with law enforcement agencies, court officials, members of multi-disciplinary teams, community service providers and members of the public. This position will coordinate program activities within Johnson County and have regular and frequent contact with key community stakeholders. This position will serve as the first level of administrative appeal for agency customers and staff.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

This employee will be involved in on going interactions with children and families under stress and may face hostility and resistance. The work schedule may involve contacts with children, families and others at times when the agency is not normally open for business. This position will face hostile clients complaining about agency intervention or decisions and must address disgruntled providers and community members dissatisfied with agency actions.

This position may require work outside of normal work hours due to the nature of the work.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

This position will work with computers, printers, cell phones and must be comfortable in using office electronics

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**PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

**License to practice social work in the State of Kansas at the time of hire and one year of experience as a social worker.**

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Education or Training - special or professional

**Graduate of an accredited four year college with a Bachelor's Degree in Social Work**

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Licenses, certificates and registrations

**Kansas Social Work License  
Valid Driver's License**

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Special knowledge, skills and abilities

**The ability and skills to work with others, children, and families. Knowledge and skills in the area of child protective services.**

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Experience - length in years and kind

**One year experience as a social worker**

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

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Signature of Personnel Official \_\_\_\_\_

Date \_\_\_\_\_

**Approved:**

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Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

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Signature of Agency Head or  
Appointing Authority \_\_\_\_\_

Date \_\_\_\_\_